

FILED MAY 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14514**
1959

| | | | | | | | |
|--|-------------------------------|---|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>3 days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Shawnee</u> | | <u>8150</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Mary's Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>12766 Circle Dr.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> | | b. (Middle) <u>Catherine</u> | | c. (Last) <u>Smith</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 1953</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Widowed</u> | | 8. DATE OF BIRTH <u>11-28-1884</u> | | 9. AGE (In years last birthday) <u>68</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>Wea, Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>George Vohs</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>deceased -</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Walter G. Smith</u> ADDRESS <u>Shawnee, Kans.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pancreatitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gall stones</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cholecystectomy</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>18 yrs</u> <u>58 1/2</u> | |
| 19a. DATE OF OPERATION <u>7/9-53</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Postoperative adhesion - Gall stones</u> | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | |
| 22. I hereby certify that I attended the deceased from <u>July 12, 1952</u> , to <u>4/11, 1953</u> , that I last saw the deceased alive on <u>4/10, 1953</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>P. J. O'Connell</u> (Degree or title) <u>M.D.</u> | | | | 23b. ADDRESS <u>327 Argyle Bldg. K.E. Mo</u> | | 23c. DATE SIGNED <u>4/11-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>4-13-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Shawnee, Kansas</u> | |
| DATE REC'D BY LOCAL REG. <u>4-11-53</u> | | REGISTRAR'S SIGNATURE <u>M. D. O'Connell</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. Paul Amos 10901 Johnson Dr. Shawnee, Kansas</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____,
working under my personal supervision.

Student
Student Embalmer

Signed

Ervin E. Russell

Licensed Embalmer No. 4811

P. O. Address Shawnee, Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.